Pharmacy Policy Bulletin

Title: Heart Failure Agents
Policy #: Rx.01.174

Application of pharmacy policy is determined by benefits and contracts. Benefits may vary based on product line, group, or contract. Some medications may be subject to precertification, age, quantity, or formulary restrictions (ie limits on non-preferred drugs). Individual member benefits must be verified.

This pharmacy policy document describes the status of pharmaceutical information and/or technology at the time the document was developed. Since that time, new information relating to drug efficacy, interactions, contraindications, dosage, administration routes, safety, or FDA approval may have changed. This Pharmacy Policy will be regularly updated as scientific and medical literature becomes available. This information may include new FDA-approved indications, withdrawals, or other FDA alerts. This type of information is relevant not only when considering whether this policy should be updated, but also when applying it to current requests for coverage.

Members are advised to use participating pharmacies in order to receive the highest level of benefits.

(Intent:)
The intent of this policy is to communicate the medical necessity criteria for Corlanor® (ivabradine) as provided under the member’s prescription drug benefit.

(Description:)
Heart failure affects approximately 5.1 million Americans. While survival after a diagnosis of heart failure has improved, it is still about 50% at 5 years after diagnosis. In patients with symptomatic heart failure and left ventricular ejection fraction (LVEF) < 40%, current guidelines recommend angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB), beta blockers, diuretics and aldosterone antagonists as standard of care. With the exception of diuretics, these classes of medications decrease mortality from heart failure with reduced EF. Diuretics provide symptomatic relief, however the effects of diuretics on morbidity and mortality are not known.

Ivabradine reduces spontaneous pacemaker activity at the cardiac sinus node by blocking the hyperpolarization-activated cyclic nucleotide-gated (HCN) channel to selectively inhibit I_{f}-current, thus reducing the heart rate. Ventricular repolarization and myocardial contractility are not affected. Increased heart rate is an ineffective compensatory mechanism and is recognized as an independent risk factor in heart failure.

Corlanor® (ivabradine) is indicated to reduce the risk of hospitalization for worsening heart failure in patients with stable, symptomatic chronic heart failure with left ventricular ejection fraction ≤ 35%, who are in sinus rhythm with resting heart rate ≥ 70 beats per minute and either are on maximally tolerated doses of beta blockers or have a contraindication to beta-blocker use.

(Policy:)
Corlanor® (ivabradine) is approved when ONE of the following is met:

1. Diagnosis of stable, symptomatic chronic heart failure and ALL of the following:
   a. LVEF ≤ 35%; and
b. Sinus rhythm with resting heart rate ≥ 70 beats per minute; and

c. Patient is clinically stable for at least 4 weeks on an optimized and stable clinical regimen which includes:
   i. Maximally tolerated doses of beta blockers or inability to tolerate beta blockers; and
   ii. ACE inhibitors or ARBs or inability to tolerate ACE inhibitor or ARB

OR

2. Diagnosis of inappropriate sinus tachycardia and BOTH of the following
   a. Inadequate response or inability to tolerate BOTH of the following
      i. One beta-blocker; and
      ii. One calcium channel blocker

AND
   b. Prescribed or recommended by a cardiologist

Black Box Warning:

Guidelines:

Refer to the specific manufacturer’s prescribing information for administration and dosage details and any applicable Black Box warnings.

BENEFIT APPLICATION

Subject to the terms and conditions of the applicable benefit contract, the applicable drug(s) identified in this policy is (are) covered under the prescription drug benefits of the Company’s products when the medical necessity criteria listed in this pharmacy policy are met. Any services that are experimental/investigational or cosmetic are benefit contract exclusions for all products of the Company.

References:


Applicable Drugs:

Inclusion of a drug in this table does not imply coverage. Eligibility, benefits, limitations, exclusions, precertification/referral requirements, provider contracts, and Company policies apply.

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Generic Name</th>
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<tbody>
<tr>
<td>Corlanor®</td>
<td>ivabradine</td>
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Cross References:

Rx.01.33 Off-Label Use

Policy Version Number: 3.00
P&T Approval Date: April 25, 2019
Policy Effective Date: July 1, 2019
Next Required Review Date: October 11, 2019

The Policy Bulletins on this web site were developed to assist the Company in administering the provisions of the respective benefit programs, and do not constitute a contract. If you have coverage through the Company, please refer to your specific benefit program for the terms, conditions, limitations and exclusions of your coverage. Company does not provide health care services, medical advice or treatment, or guarantee the outcome or results of any medical services/treatments. The facility and professional providers are responsible for providing medical advice and treatment. Facility and professional providers are independent contractors and are not employees or agents of the Company. If you have a specific medical condition, please consult with your doctor. The Company reserves the right at any time to change or update its Policy Bulletins.